

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18038

State File No.

FILED MAY 18 1943

Registration District No. 152

Primary Registration District No. 557.5

Registrar's No. 30

1. PLACE OF DEATH:
(a) County Jackson - Washington
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution 107th and High Drive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 58 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Johanna Besecke
(b) If veteran, name war XX
(c) Social Security No. None

4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Albert A. Besecke
(c) Age of husband or wife if alive XX years
7. Birth date of deceased November 21 1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days 6
If less than one day hr. min.

9. Birthplace Dresden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name William Pfauler
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Wagner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Kluender
(b) Address 3237 Penn

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 4-30-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. M. Wagner
(b) Address Kansas City, Mo.

19. (a) Apr. 30 - 43
(Date received local registration) (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 107th and High Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 13 1943 to Apr 27 1943
that I last saw her alive on Apr 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death sensibility
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. M. R. Jackson (M. D. or)
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

115 Dr. Annie E. Hedges

FEB 6 1948

1107

March 5, 1948

Wm R. [unclear] 1948
Bryant Bq. [unclear]
APR 19 1948
[unclear]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.